

during its first stage, the principal remedies employed were baths and venesection. Should this disease advance in spite of these means, we must have recourse to surgical aid, and endeavour to empty the uterus. This is easily done when the disease comes on during labour; the os uteri is then dilated either wholly or partially, or is at least dilatable; we therefore find little difficulty in passing the hand into the uterus, rupturing the membranes, and extracting the child by the feet.

"Should labour be more advanced, and the head lodged in the cavity of the pelvis, the forceps must be employed; the child is thus extracted living, and the mother soon recovers. When attempts at extraction are made towards the end of the second period, or during the third period, that is to say, when the foetus lies in a state of complete apoplexy, interrupted only by some convulsive movements, the foetus is dead, and, in a majority of cases, the operation fails to save the mother's life.

"It often happens, soon after the extraction of the foetus and placenta, that the mother gradually recovers the use of her senses, becomes calm, and the disease terminates in a fortunate manner; but in many other cases several hours elapse before this desired result is obtained; the epileptic symptoms continue to alternate with the apoplectic ones, and the disease passes away gradually: this usually takes place when the operation is performed at a late period. The most efficacious means of dissipating the accidents which remain, are baths and musc. As it is impossible to introduce this, or any other medicine, by the mouth, it is thrown up the rectum. The musc seems equally beneficial in the uterine apoplexy which supervenes after delivery, and which is the more dangerous, from being beyond all surgical resource. A general bleeding should always precede the administration of the musc, which may be aided by baths.

"After the extraction of the foetus and placenta, want of sufficient contractile power in the uterus, produced by the apoplectic state, may give rise to severe haemorrhage: but this we have always seen arrested by the usual means.

"Finally: after the disappearance of the convulsions, the woman is often subject to acute febrile symptoms, which continue for a week or fifteen days. The fever is generally benign, and yields to the use of baths."—*Gaz. Méd. de Paris*, No. 27, and *Observat. Med.*

MEDICAL STATISTICS.

42. *Effect of Age on the mortality of Sickness.*—We find in a recent number of the *Lancet*, (3d September, 1836,) some exceedingly interesting observations, by T. R. EDMONDS, Esq., on this subject. The diminution of the number of deaths, and of the quantity of sickness suffered by a given population, may be regarded as the legitimate object of medical science. If there exist any fixed laws, altogether independent of medicine, determining the relation between the living, the sick, and the dying, the knowledge of those laws must precede the power of estimating the effect of any given system of medical treatment. The merit of discovering some peculiarly efficacious treatment of a particular malady, is frequently claimed by different medical men, on the ground of the mortality among their patients being unusually low. All mention of the ages of their patients is omitted, and no suspicion appears to be entertained of the fact that, under the same medical treatment, a difference of 23 years in the ages of two classes of patients will cause a doubling of the mortality. When the ages of the patients are unknown, the diminished duration of sickness, also, is no ground for presuming on any superiority of treatment. There exists satisfactory (though indirect) evidence, that the mean duration of an attack of sickness is equally dependent on the ages of the patients.

Between the ages of 15 and 60 years, Mr. E. believes it to be a fact sufficiently well established, that for every death two years of sickness (nearly) have been suffered. "If, as is commonly the fact," he observes, "the annual deaths between these ages amount to 1½ per cent., there will be constantly sick 3 per cent. of this part of the population. Respecting the number of cases of sickness from which the numbers constantly sick have been derived, we have very little direct information. If the mean

duration of an attack of sickness be assumed to be $36\frac{1}{2}$ days, or the tenth part of a year, then 30 per cent. of this population are yearly attacked by sickness. In the *British Medical Almanac* for 1836, Mr. Farr has shown the above number of days to represent very nearly the usual duration of an attack of sickness in the hospitals of England. Out of 30 cases of sickness, there will then be $1\frac{1}{2}$ deaths, being 5 per cent., or 1 out of 20. In the hospitals of London the deaths to cases commonly amount to 12 per cent. among the in-patients, in the physicians' wards 24 per cent., and the surgeons' wards 8 per cent. If the out-patients had been included, the proportion of deaths to the total cases would probably not have materially differed from the above-mentioned proportion of one case in twenty.

"In order to determine the sanitary state of any population for one year, the elements to be observed are,—the number living, the number dying, the number attacked by sickness, and the mean number constantly sick, *all distinguished according to age*. When the third and fourth numbers have been observed, the mean duration of an attack of sickness at each age is known. A definite result cannot be obtained, unless two, at least, of the above four elements be simultaneously observed. It is not, however, indispensably necessary that *more* than two of these elements should be observed at one time. If, for example, from one observation we obtain the relation between the living and the dying,—from another, the relation between the dying and attacks of sickness,—and from a third observation, the relation between the numbers attacked and the numbers constantly sick, we shall then have all that is required to determine the mutual relation of all the four elements.

It appears from the investigations of Mr. E. that the deaths out of a given number living, increase at the rate of 34 per cent. every ten years between the ages of 15 and 55 years.

Mr. E. endeavours to prove that the mortality from cases of sickness is subject to a simple mathematical law, coincident with a similar law regulating mortality independent of sickness. "This theory of mortality consists in the assertion that the variations in the mortality from birth to the end of life are regulated by three constants respectively presiding over three well marked periods of human life,—before, during, and after the existence of the procreative power. According to this theory, when the deaths out of a given number living are known at any one age, the mortality at every age is also known. In all the ordinary tables of mortality there is represented a rate of mortality for every year of age, each rate having no specific connexion with the rate at any other age. Such tables will, therefore, consist of *one hundred* independent constants, one for each year of age. My theoretical tables are deduced from *one* constant, (determined by observation,) each of the other 99 numbers having a determined relation to this single constant. This theory will satisfactorily represent all well observed facts on human mortality; in many cases the accuracy of coincidence is astonishing, when the variable circumstances of the population observed are taken into consideration."

43. *Mortality in England*.—At the late meeting of the British Association at Bristol it was stated that the annual mortality in London was 1 in 40; and in all England, 1 in 59. Mr. EDMONDS, in a communication in the *Lancet*, (10 Sept.; 1836,) impugns this statement, and asserts the mortality in London to be 1 in 35, and in all England, 1 in 47.2.

MISCELLANEOUS.

44. *British Association for the Advancement of Science. Meeting at Bristol*.—This association has attracted much attention in this country, and the account of its annual meeting is looked for, by the cultivators of all the sciences, with much interest. The following account of the proceedings of the Medical Section of this Association will, therefore, we are confident, prove acceptable to our readers. For this account, we are indebted to our esteemed contemporary the *British and Foreign Medical Review*. It was prepared, the editors inform us, by two of their professional friends who had access to all the documents presented to the Section, and reliance may be given to its accuracy.